

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/019013

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5		2		1		
6		0		1		
7		2		1		
8		0		1		
9		0		1		
10		0		1		
11		0		1		
12		0		1		
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TOTAL IND.	4		4			
TOTAL DER.	12		10			
TOTAL CLAIMS	16		14			

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	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY